

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/583884**

FILING DATE

APPLICANT(S)

Art 34

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2	1						52						
3	2						53						
4	2						54						
5	2						55						
6	2						56						
7							57						
8	1		1				58						
9							59						
10	2						60						
11	2						61						
12	2						62						
13	2						63						
14	2						64						
15	1		1				65						
16			1				66						
17	1						67						
18	2						68						
19	2		1				69						
20	1						70						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						